

## **AOSE ADVISORY COMMITTEE**

### **MEETING MINUTES**

**Draft Date: July 25, 2005**

The AOSE Advisory Committee met for the first time on July 12, 2005 in the Fifth Floor Conference room of the Office of Environmental Health Services, 109 Governor Street, Richmond, Virginia 23219. The following committee members attended in person or via polycom:

- Charles “Chip” L. Dunn, Jr. P.E., AOSE;
- Wayne Fenton, Well Driller;
- David Fridley, Virginia Department of Health, Three Rivers Health District
- Dan Horne, Virginia Department of Health, Virginia Beach Health District
- Stuart McKenzie, Environmental Planner, Northern Neck Planning Commission;
- Pam Pruett, AOSE;
- Neal Spiers, AOSE, CPSS;
- David Waldrep, Virginia Department of Health, Piedmont Health District;
- Ray Wilson, Contractor
- Frances Wright, Contractor
- Dwayne Roadcap, Facilitator, VDH-Division of Onsite Sewage & Water Services;
- and
- Donna Tiller, VDH-OEHS, as Secretary to the Committee.

The following committee members were not present:

- Ken Addison, Surveyor
- John Burleson, Virginia Department of Health, Central Shenandoah Health District;
- Phil Dunn, AOSE;
- Andre Fontaine, Real Estate Agent;
- Curtis H. Moore, AOSE, CPSS;

Several non-committee members attended in person or via polycom, including but not limited to:

Kelvin Hurdle, Brooke Philpy, Robert Hicks, Dr. Jim Burns, Scott Honaker, Vic Marcussen, John Milgrim, Ed Dunn, Bob Harris, Todd Grubbs, John O’Bryant, Erin Balko, Paul Louis, and Angela Whitehead.

Handouts for the meeting included the following:

1. AOSE Advisory Committee members list;
2. meeting agenda;
3. Future Discussion Topics;

## **Opening remarks**

Dwayne Roadcap, Program Manager with the Virginia Department of Health (VDH) and Committee Facilitator began the meeting at 10:00 A.M. by welcoming all in attendance. Dwayne stated that the goal of the first meeting was to (1) state the purpose of the AOSE Advisory Committee (2) identify all stakeholder issues and prioritize discussion topics, and (3) specify ground rules and decision-making criteria.

The Advisory Committee was formed to make recommendations to the Commissioner of Health on policy, procedures, and regulations in the Authorized Onsite Soil Evaluator (AOSE) program. The Committee can meet as often as it preferred but that the *AOSE Regulations* only required one meeting per year. Dwayne asked for nominations for a committee chair person by the next meeting. The chairperson would act as the spokesperson for the committee, help create meeting agendas, and run the meetings. Dwayne could continue as a facilitator for the group. VDH staff would assist in making copies, setting up meeting rooms, and handle other meeting details as necessary.

Committee meetings are open to the public but seating and room accommodations are limited. Non-committee members who plan to attend should contact Dwayne Roadcap, Project Manager, at (804) 864-7462 prior to the meeting to assure that sufficient room is available. Dwayne mentioned that stakeholders could also attend meetings via remote locations through the health department's polycom. Piedmont, New River, Fairfax, Eastern Shore, Virginia Beach, and Mount Rogers health districts participated in this meeting.

Dr. Jim Burns, Deputy Commissioner for Public Health thanked members for their willingness to participate and their desire to offer new and fresh ideas for making the AOSE program better. He emphasized a need for members to work together and vigorously debate the stakeholder needs and issues. Members would find working on this advisory committee to be both powerful and weak: powerful because the Commissioner of Health will strongly consider implementing committee recommendations that come before him; and, weak because if a single member disagreed with a committee recommendation, there was a limited outlet for addressing the disagreement. Dr. Burns suggested that the committee may want to create a charter of sorts and develop good ground rules to keep meetings focused and on task.

Committee members introduced themselves and provided information about their expertise and what they could offer the committee during its discussions. Non-committee members also introduced themselves.

## **Committee Decisions:**

The committee agreed to reach all decisions using a "full-consensus" mechanism. The facilitator would periodically check for consensus by asking members to show a "thumbs up" for full agreement; a "thumbs down" for more discussion needed before agreement could be reached; and a "sideways thumb" for agreement with reservations. If any member of the Committee gave a "thumbs down", then that topic would not be proposed as a committee

recommendation to the Commissioner of Health. All members present at the meeting must agree on the recommendation before the Committee could consider it as a “full-consensus”. Members who do not attend a meeting will be expected to support their fellow members on decisions reached without their attendance.

The committee asked members to appreciate the following ground rules:

1. Respect all views and welcome new ideas.
2. Participate, be candid, and avoid personal attacks.
3. Be respectful when you have the floor. Keep comments pithy and concise. Limit speaking time to assure that all members have an opportunity to be heard.
4. Listen for new understandings and offer new perspectives.
5. Focus on agenda and topic. Assist facilitator and chairperson in keeping the discussion focused and on topic.
6. Avoid "side bar" conversations and hidden criticism.

The Committee stated that they would seek non-committee input on an as-needed basis. The facilitator or chair person could recognize a non-member anytime if he or she felt that a positive contribution would be made to the discussion. Depending on the flow of discussion and the topic, the chair person could allow non-committee participants to interject without being recognized on a case-by-case basis.

### **Committee Discussion:**

The committee reviewed the “Future Discussion Topics” document, developed from member input prior to the meeting, and decided to tackle the apparent lack of consistency in the AOSE program from one health district to another. The problem, as some viewed it, was that different health districts were interpreting the same rules differently. Hence, private sector persons operating in multiple jurisdictions had to figure out local interpretations and rules through a trial and error process that was detrimental to customers. Members offered the following ideas on why inconsistency might be occurring in the AOSE program:

1. Unclear regulations and policy
2. There is no “right” answer every time
3. Creation of local ordinances and local policies
4. Lack of training and understanding of complex problems (high turnover rate at most health offices creates “accidental misinterpretation” and “new confusion”)
5. Central office and VDH staff converse through emails so there is limited public access to the knowledge gained. Discovery of such communication is found through trial and error.
6. Local health departments feel like they need more procedures to deal with newly created central office policies and interpretations.
7. VDH removed the regional program managers in prior administration budget cuts and communication between central office and field staff has deteriorated since then.
8. VDH’s policy and interpretation arm does not supervise its implementation arm.

9. Local health districts only implement preferred central office policies and ignore others that they don't like.

To address the possible causes of inconsistency, members brainstormed ideas for improving communication, such as:

1. Create a Frequently Asked Questions (FAQs) on the VDH website.
2. Give public access to VDH internal email communications so that everyone has access to the same information.
3. Build a list serve with web access for AOSEs to get the desired information
4. Hold quarterly or semi-annual district/local meetings among VDH staff and AOSE/PEs
5. Provide AOSE/PEs with more notice of procedure and/or interpretation changes
6. If local health departments (LHDs) feel like they need more procedures, management should announce changes ahead of time and hold information and discussion meetings.
7. Create a "fast track" process for making decisions on interpretations.
8. Draft an annual periodical on the state's rules and changes, sort of like the Department of Game & Inland Fisheries does.
9. Develop forms for GMP #126, the AOSE Implementation manual.
10. Do real-time audits of local health districts to assure that staff are properly implementing the program at all times.

Members believed it was too early to develop a recommendation to the Commissioner on the broad subject of "consistency"; rather, people mentioned that developing better communication among stakeholders should be a high priority for the committee. Some mentioned that while a "FAQ" section on the website might be somewhat beneficial, there would be less value than perceived because staff would spend a great deal of their time "fine-tuning" answers and dealing with issues that would not move the program forward. If agency time is spent mostly on answering questions on the existing program, then there would be limited resources to change the rules and develop more clear policies and regulations. Further, not only would it be labor intensive to create a FAQ section, it would be equally difficult for stakeholders to take the time to read a list of FAQ. People were likely to call and ask someone their question rather than spend hours looking to see whether their particular issues were addressed in the FAQ section. Members asked to return to this subject at a future meeting after everyone had time to think about the possible causes of inconsistency and best solutions.

The committee then discussed whether AOSEs should be required to stamp and sign every page of their work as outlined in the AOSE Implementation Manual, GMP #126. The policy states the following:

*Whenever an AOSE is required to sign or certify work according to the AOSE Regulations and/or this policy he must, in addition to his signature, apply a stamp or a preprinted or electronic seal bearing the AOSE's name and certification number to original cover sheets of plans, drawings, plats, reports, and specifications **and to each original sheet of plans, drawings, plats, reports, and specifications** prepared by the AOSE or someone under his direct control and*

*supervision. Application of the seal and signature indicates acceptance of responsibility for work shown thereon.*

VDH staff mentioned the AOSE credential was transforming from a certification to a license in January 2006 by virtue of the health department only accepting work from an AOSE/PE. To assure that professionals were held to an equal standard as other licensed professionals (i.e., architects and professional engineers), VDH was trying to mimic the expectations that the Department of Professional and Occupational Regulation (DPOR) require of its regulants in 18 VAC 10-20-760, which states in part:

*A regulant shall apply a stamp or a preprinted or electronic seal to final and complete original cover sheets of plans, drawings, plats, technical reports and specifications **and to each original sheet of plans, drawings or plats, prepared by the regulant or someone under his direct control and personal supervision.***

By keeping one standard for all professionals, then VDH staff thought that there would be less confusion as to what the requirements were. Members discussed whether to recommend having a cover page with the AOSE's stamp and signature. AOSEs would then be expected to stamp and sign the cover page and the certification page. By implementing this process, then only two signatures would be necessary. Others thought requiring a cover page, although very helpful to the septic contractor, would add unnecessary paperwork.

Some suggested that VDH require AOSEs to sign and stamp the first page and the last page of the package. Others thought this requirement would be unclear because the first page is usually an application submitted by the property owner. There was limited space to stamp and seal the health department's application; plus, it might add confusion if the owner were to change something after the AOSE had already stamped it. Further, some AOSEs were not using the application as their Page #1. Some suggested that VDH might provide more guidance on how AOSE packages should look.

Some suggested that VDH simply follow the entire requirement expected of professional engineers. Engineers did not have to stamp "cut-sheets" or work that was not original. After further discussion, members wanted a change to health department's policy for requiring a stamp and signature on every page but they could not agree on what that change should look like. They asked that VDH staff review DPOR's requirement and offer a change in line with what was accepted of their regulants.

### **Next meeting**

August 4, 2005, 9:00 AM to 1:00 PM, Office of Environmental Health Services Conference Room, 5<sup>th</sup> Floor, Richmond, Virginia 23219. Remote sites currently provided at Piedmont, New River, Fairfax, Eastern Shore, Virginia Beach, Thomas Jefferson, Rappahanock/Rapidan, and Mount Rogers. Other remote sites available upon request to Dwayne Roadcap at (804) 864-7462.

**ATTACHMENT 1: AOSE ADVISORY COMMITTEE LIST**

Mr. David Fridley—VDH employee Three Rivers Health District, Lancaster County 9049 Mary Ball Road Post Office Box 158 Lancaster, Virginia 22503 (804) 462-5197 <a href="mailto:David.Fridley@vdh.virginia.gov">David.Fridley@vdh.virginia.gov</a>	Curtis H. Moore—Private Sector AOSE M&M Soil Consultants, Inc. Post Office Box 7004 Fredricksburg, Virginia 22404 540-373-3414 or 540-840-4997 <a href="mailto:curtis@ns.gemlink.com">curtis@ns.gemlink.com</a>
Mr. David Waldrep—VDH employee Piedmont Health District P.O. Box 670 Charlotte Courthouse, Virginia 23923 (434) 542-5251 <a href="mailto:David.Waldrep@vdh.virginia.gov">David.Waldrep@vdh.virginia.gov</a>	Mr. Phil Dunn—Private Sector AOSE Boggs Water & Sewage, Inc. Post Office Box 333 Melfa, Virginia 23410 757-787-4000 <a href="mailto:3Dunns@visi.net">3Dunns@visi.net</a>
Mr. Dan Horne—VDH employee Virginia Beach Health District Pembroke Corporate Center III 4452 Corporation Lane Virginia Beach, Virginia 23462 (757) 518-2679 <a href="mailto:Dan.Horne@vdh.virginia.gov">Dan.Horne@vdh.virginia.gov</a>	Pam Pruett—Private Sector AOSE Nokesville Design PO Box 635 Nokesville, VA 20182 703-594-2425 <a href="mailto:Pam@nokesvilledesign.com">Pam@nokesvilledesign.com</a>
Mr. John Burleson—VDH employee Central Shenandoah Health District Post Office Drawer 900 Lexington, Virginia 24450 (540) 463-3185 <a href="mailto:John.Burleson@vdh.virginia.gov">John.Burleson@vdh.virginia.gov</a>	Neal P. Spiers—Private Sector AOSE Soil Consultant Services 2025 Factory Lane Petersburg, Virginia 23803 804-733-7000 (o) 804-586-4096 (m) <a href="mailto:spierssoil@yahoo.com">spierssoil@yahoo.com</a>
Charles L. Dunn, Jr., PE, A.O.S.E. J. L. Howeth, P. C. Consulting Engineering P.O. Box 1684 Tappahannock, VA 22560 (804) 443-6367 Fax: (804) 443-0227 <a href="mailto:chipymi92@aol.com">chipymi92@aol.com</a>	Wayne Fenton—Well Driller Fenton Well Drilling, Inc. 218 Merrimac Rd. Blacksburg, VA 24060 (540) 230-8906 (540) 552-8906
Andre Fontaine—Real Estate Agent Carter Braxton Real Estate Company 11 Loudoun Street, SW Leesburg, VA 20175 Office: 703-777-7772 Toll Free: 800-662-9290 <a href="mailto:andre@carterbraxton.com">andre@carterbraxton.com</a>	Stuart McKenzie—Local Government Environmental Planner Northern Neck Planning District Commission #17 P.O. Box 1600 (483 Main Street) Warsaw, VA 22572 Phone: (804) 333 1900 Web: <a href="http://www.nnpdc17.state.va.us">www.nnpdc17.state.va.us</a>
Wilson Service Company—Septic Contractor Mr. Ray Wilson Post Office Box 543 Haymarket, Virginia 20169 703-754-4252 (o) 703-906-3721 (m)	Frances Wright—Septic Contractor Vice-President, Nuckols Enterprises, Inc. 867 Seay Road Manakin-Sabot, Virginia 23103 749-4149 (O), 749-4252 (F) <a href="mailto:Touchedwright@earthlink.net">Touchedwright@earthlink.net</a>
Mr. Ken Addison—Surveyor Addison Surveyors 432 East Main Street #7 Abingdon, Virginia 24210 (276) 676-3001	

**ATTACHMENT 2:**

**AOSE ADVISORY COMMITTEE**

**July 12, 2005 AGENDA**

- I. Introductions and Welcome—Dwayne Roadcap, VDH (45 minutes)
  - A. Bathroom locations
  - B. Polycom sites.
  - C. Attendance.
- II. Charge to the Committee—Jim Burns, M.D., MPH, Deputy Commissioner of Health (20 minutes)
- III. Administration & Ground rules—Dwayne Roadcap and Allen Knapp, VDH (30 minutes)
  - A. Travel and parking
  - B. Nominate a facilitator at each polycom site
  - C. Discuss nominating a chair-person for the Advisory Committee
  - D. How the committee will make decisions
  - E. How the committee will receive input from non-committee members
  - F. Other
- IV. Discussion of Issues. (90 minutes)
  - A. Make list of issues for discussion
  - B. Prioritize list
  - C. Choose item for discussion
  - D. Set next meeting date and time.

### **ATTACHMENT 3:**

#### **Future Discussion Topics**

##### **Process Issues**

1. Why are different health districts implementing the AOSE policy and regulations differently?
2. Can VDH require AOSE work on sites previously approved where the owner wants to change things (ie. Changes in house location, well location, number of bedrooms, etc.)?
3. To what extent should VDH help AOSE/PEs research files for proposed drainfields and wells on neighboring properties? How can this need be better coordinated?
4. Can deemed approval apply to proprietary, pre-engineered systems without a change to the law?
5. Can VDH apply "deemed approval" to all AOSE/PE work or work that a PE uses with a VDH certification letter to help speed up the process for owners?
6. Should VDH and AOSE/PEs be required to field stake their proposed well and drainfield locations?
7. Can VDH provide more consistency as to when it requires formal plans from a PE on alternative systems?

##### **Paperwork Issues**

1. Does AOSE have to stamp every page?
2. What is the minimum quality of work expected? (handwritten vs. type, to-scale drawing, showing only the "good" borings, field staking the footprint, field staking the well area, etc.)
3. How can we develop standardized forms as listed in the implementation manual?
4. How can VDH improve its letters of approval to assure that contractors know the exact location of the property and where to install the system? Health departments use different dates for their letters of approval and it is confusing when compared to the AOSE package, which often has different dates. Sometimes there are multiple letters of approval for different sized houses

##### **Installer Issues**

1. How can installers (well drillers and septic contractors) better coordinate inspections with the private sector?
2. How does the installer know that the permit it receives from the owner/AOSE is the correct permit?
3. How can stakeholders limit garages, sheds, outbuildings, swimming pools, etc. from encroaching into the proposed footprint before a system is installed?
4. How can stakeholders better communicate when a permit change is needed and the contractor is on-site to do the work?



5. **Can VDH or AOSEs inform the installers at the time of inspection whether the system's construction passes? Often, people leave without giving an answer and the installer is left there with people and equipment.**

#### **Inspection Issues**

1. **Why is an "as-built" drawing needed if the system is installed just as shown on the construction permit?**
2. **Should AOSEs fill out a different inspection form? Currently, they do not need to list the exact components installed.**

#### **Rule/Policy/Reg Issues**

1. **What is the practice of engineering? Can AOSE design duplex or small commercial facilities?**
2. **How can fees charged be changed or addressed? (Local vs. state)**
3. **How to get consistency across health district lines?**
4. **How can customers be better informed of the AOSE/PE requirements for alternative systems? Often, contractors are left holding the bag to explain system components and O&M.**
5. **Should VDH be more involved with O&M agreements for alternative systems?**

#### **Training & Testing Issues**

1. **What are the training needs for AOSE/PEs and VDH employees?**
2. **Can VDH begin to offer more training courses for alternative systems, inspections, etc?**
3. **Can VDH create an AOSE-in-Training category for those areas of the states where there are too few AOSEs and pricing for the work is high? In Southwest VA, there are too few AOSEs for the work needed. Surveyors might be able to take some classwork for the soil training to enter such a category.**

#### **Enforcement Issues**

1. **When should VDH take enforcement action against an AOSE?**
2. **What should the penalties be for submitting poor work to the health department?**
3. **How can VDH take quicker action when a problem is encountered with bad private sector work?**